MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	1400
10/ <i>KO</i>	ロクロコ
10/09	0157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER i"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER 2 ** AMENDMENT	
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